



December 20, 2021

Web Announcement 2661

Attention All Providers:

COVID-19 Booster Vaccine Administration Code 0004A

The Centers for Medicare & Medicaid Services (CMS) has released a vaccine administration code for the booster dose of the Pfizer vaccine: procedure code 0004A (Pfizer immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose).

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for procedure code 0004A for individuals 18 years of age and older effective with dates of service on or after September 22, 2021. Prior authorization (PA) is not required.

The following provider types may bill procedure code 0004A:

Provider Type	Provider Type Description
12	Hospital, Outpatient
17 specialty 166	Special Clinics: Family Planning
17 specialty 174	Special Clinics: Public Health Clinic
17 specialty 179	Special Clinics: School Based Health Centers (SBHC)
17 specialty 180*	Special Clinics: Rural Health Clinic
17 specialty 181*	Special Clinics: Federally Qualified Health Center (FQHC)
17 specialty 195	Special Clinics: Community Health Clinic, State Health Division
17 specialty 198	Special Clinics: Human Immunodeficiency Virus (HIV)
20	Physician, M.D., Osteopath, D.O.
22	Dentist
24	Advanced Practice Registered Nurse (APRN)
32 specialty 249	Community Paramedicine
47*	Indian Health Services (IHS) and Tribal Clinics
60	School Health Services
74	Nurse Midwife
77	Physician's Assistant

*PT 17 specialties 180 and 181 and PT 47 providers must bill vaccine administration code with modifier Q2. The claim will pay according to the established encounter rate and the vaccine administration code will pay at \$0 as the service is included in the encounter reimbursement.

Claims for procedure code 0004A with dates of service on or after September 22, 2021, that processed through December 20, 2021, and suspended or denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. A future web announcement will notify providers when the claims are reprocessed.

When claims are reprocessed or released for adjudication, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.